

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

FILED

2014 AUG 18 P 3:36
U.S. BANKRUPTCY COURT
E.D. MICHIGAN - DETROIT

In the matter of:

CITY OF DETROIT, MICHIGAN,

Case No. 13-53846-swr

Chapter 9

Hon. Steven W. Rhodes

Debtor /

MOTION TO PARTICIPATE IN THE CONFIRMATION HEARING [DOCKET 6584]

Thomas Cattron hereby request to present evidence at the confirmation hearing and preserve the opportunity to question the other parties' witnesses.

1. I am interested in the Bankruptcy of the city of Detroit (City) because I retired from the city of Detroit Department of Transportation in 2012.
2. The subject matter of proposed testimony is:
 - a. Evidence of retirement from City of Detroit Department of Transportation as qualification for employee/retiree protections under 49 USC §5333(b)(2).
 - b. Evidence of city health coverage appeal form, dated March 30, 2014; to which no response was received.
 - c. Evidence that the city of Detroit and also the state of Michigan participate in Federal Transit Administration (FTA) granted funded programs that require compliance with the employee/retiree protections under 49 USC §5333(b)(2).
 - d. Laws that limit "clawback" arrangements to an finance industry standard of two years and to executive officers (ASF recoupment) under the Dodd Frank Act, Section 210(s)(1) which states:

(s) RECOUPMENT OF COMPENSATION FROM SENIOR EXECUTIVES AND DIRECTORS.—

(1) IN GENERAL.—The Corporation, as receiver of a covered financial company, may recover from any current or former senior executive or director substantially responsible for the failed condition of the covered financial company any compensation received during the 2-year period preceding the date on which the Corporation was appointed as the receiver of the covered financial company, except that, in the case of fraud, no time limit shall apply.

and also under Sarbanes-Oxley Act of 2002, Section 306(a)(2)(A) and (B) which states:

(2) REMEDY.—

(A) IN GENERAL.—Any profit realized by a director or executive officer referred to in paragraph (1) from any purchase, sale, or other acquisition or transfer in violation of this subsection shall inure to and be recoverable by the issuer, irrespective of any intention on the part of such director or executive officer in entering into the transaction.

(B) ACTIONS TO RECOVER PROFITS.—An action to recover profits in accordance with this subsection may be instituted at law or in equity in any court of competent jurisdiction by the issuer, or by the owner of any security of the issuer in the name and in behalf of the issuer if the issuer fails or refuses to bring such action within 60 days after the date of request, or fails diligently to prosecute the action thereafter, except that no such suit shall be brought more than 2 years after the date on which such profit was realized.


3. Five minutes is requested of the court's time to present these exhibits. And a limit of five additional minutes for questioning of other parties' witnesses.
4. This proposed testimony is in addition to the Pro Se Objections in Docket #6640 and heard on July 15, 2014.
5. Exhibits attached, and to be presented are as follows:
 - a. City of Detroit form 9S-AP "Application for Service Retirement" showing the city department as "DDOT" (Detroit Department of Transportation) as further evidence of applicability of 49 USC §5333(b)(2)..
 - b. City of Detroit form "Retiree Health Benefits Enrollment/Change Form" showing initial enrollment for healthcare benefits, and the job title as "Asst. Supt. Trm Plant Maint and Construct" (Assistant Superintendent of Transportation Plant Maintenance and Construction) as job title that only exists in DDOT as further evidence of applicability of 49 USC §5333(b)(2).
 - c. City of Detroit form "2014 Health Care Stipend Appeal Form" showing notice give to the city of an objection based on 49 USC §5333(b)(2).
 - d. SEMCOG's listing of Transit Projects Awarded During Fiscal Year 2011 utilizing FTA grant funding; requiring compliance with 49 USC §5333(b)(2).
 - e. Dodd Frank Act (Public Law 111–203) by reference only due to its extensive length.
 - f. Sarbanes-Oxley Act (Public Law 107–204) by reference only due to its extensive length.

I hereby certify that the statements made herein are true and correct under penalty of perjury and contempt of Court under the laws of the United States of America.

Wherefore I request the Court will deny the Debtor's relief sought in said filing.

Respectfully submitted,

Name: Thomas Cattron

Signature: 

Address: 13330 Vassar Ave.
Detroit, MI 48235

Email: thoscat@yahoo.com

Dated: August 18, 2014

City of Detroit
GENERAL RETIREMENT SYSTEM
APPLICATION FOR SERVICE RETIREMENT

To the Board of Trustees, City of Detroit
General Retirement System:

PENSION NUMBER <u>178672</u>
SOCIAL SECURITY NUMBER <u>[REDACTED] 09</u>

I, THOMAS CATTRON,

a member of the Retirement System, hereby apply
for service retirement in accordance with the provisions of the law and related rules and regulations.

My date of birth is:

Month OCT Day 20 Year 1955

I request my retirement to be effective:

Month FEB Day 1 Year 2013

I desire my retirement allowance benefits sent to:

No. 13330 Street VASSAR
City DETROIT MI State 48235

My title on the payroll is:

ASST. Supt. PLANT MAINT & CON
Department employed in: DDOT

In connection with my application for retirement on 2-1-2013, I request a refund of \$ PARTIAL
from my Annuity Savings Fund.
I elect to receive my retirement allowance in the following form of payment:
(place one X in a square on each line; a total of two X's.)

☒ STANDARD

☐ REGULAR
STRAIGHT LIFE
Allowance

☐ OPTION 1
Cash Refund
Annuity

☐ OPTION 2
Joint and 100%
Survivorship

☒ OPTION 3
Joint and 50%
Survivorship

☐ OPTION A
Joint and 75%
Survivorship

☐ OPTION B
Joint and 25%
Survivorship

(Write plan of retirement elected) OPTION 3 - 50% w/pop-up

If option 2, 3, A or B elected, do you desire Pop-Up Plan Protection?

Yes ☒ No ☐

☐ EQUATED
Increased to Age
& Decreased Thereafter
If you selected
this option please
initial _____

\$100,000 TAXABLE
INTEREST TO MONTHLY PA

Thomas Cattron
Signature of Member

I nominate as my beneficiary:

DENISE S. CATTRON

Beneficiary's Address

No. _____ Street SAME

City _____ State _____

Beneficiary's date of birth:

Month OCT Day 7 Year 1953

Beneficiary's place of birth:

MICHIGAN

Beneficiary's Soc Sec No:

[REDACTED] 36

Beneficiary's relationship to me:

SPOUSE

Sex

F

PROOF OF BIRTH DATE OF BENEFICIARY REQUIRED IF OPTION 2, 3 A OR B, IS ELECTED

Dated at DETROIT MI this 1ST day of FEB 20 13

[Signature]
Signature of Witness

Thomas Cattron
Signature of Retiring Member

Any balance under Option 2, 3, A or B is to be paid to my _____

Relationship

date of birth _____

Name of Beneficiary

Dated _____

Signature of Witness

Retirement Effective Date 2-1-2013

CITY OF DETROIT RETIREE HEALTH BENEFITS ENROLLMENT/CHANGE FORM

USE BALLPOINT PEN

Part I. Retiree Information

☒ Initial Enrollment
☐ Add Dependent(s)

☐ Open Enrollment
☐ Remove Dependent(s)

☐ COBRA
☐ Terminate Contract

Social Security Number <u>307</u>	Last Name <u>CATTION</u>	First Name <u>THOMAS</u>	M.I. <u></u>	Date of Birth Mo Day Yr <u>10/30/55</u>	Sex <u>M</u>
Street Address <u>1330 VASAR</u>	City <u>DETROIT</u>	State <u>MI</u>	Zip Code <u>48235</u>	Retiree Telephone Number Daytime Evening <u>313.801.3493</u>	

What was your job title at the time of your retirement?

ASST. Supt.TEN PLANT MAINT.

Marital Status: ☐ Single ☒ Married
 Does your spouse work for or is retired from the City of Detroit? ☒ Yes ☐ No
 Do you or any of your dependents have other medical coverage, including Medicare? ☐ Yes ☒ No

Reason for Change/Addition: Must submit this completed enrollment within 30 days of the event
☐ New Dependent(s)
☐ Marriage
☐ Loss of Other Coverage
☐ Name Change
Date of Event:

Part II. Coverage Selection/CONSTRUCT. PLEASE READ RETIREE HEALTH CARE PLAN OPTIONS BOOKLET

Medical Plan	Dental Plan	Vision Plan
--------------	-------------	-------------

Your Current Plan: HAP
☒ Check Box If You Want Same Plan
New Plan: Your Current Plan: BC/BS
☒ Check Box If You Want Same Plan
New Plan:

Retiree: If you select an HMO, provide name of Primary Physician/Site/Code.

Chadad200 875.63Your Current Plan: HERITAGE
☒ Check Box If You Want Same Plan
New Plan: 40050 \$1.10

Part III. Dependent Information (List all current and any new dependents)

* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

 **Relation Code: S-Spouse C-Natural /Adopted Child D-Stepchild
 P-Permanently Disabled Child

Action Code*	Health Care Plans			First Name	Last Name	M.I.	Social Security Number	Sex	Relation Code**	Date of Birth		Primary Physician Name/Site/Code
	M	D	V							Mo	Day Yr	
Spouse												
Dep - 1	<u>C</u>			<u>CATTION</u>	<u>ALEXANDRIA</u>	<u>A.</u>			<u>S</u>	<u>1</u>	<u>1</u> <u>89</u>	
Dep - 2										<u>1</u>	<u>1</u>	
Dep - 3										<u>1</u>	<u>1</u>	

Part IV. Authorization. I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from my monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health care programs and provide services.

Retiree Signature [Signature]Date: 2/1/2012

BAO USE ONLY

Medical Codes: Old: New: Eff: BC: FM Date: Proc Date Dental Codes: Old: New: Eff: BC: FM Date: Group/Suffix Vision Codes: Old: New: Eff: BC: FM Date:

City of Detroit - Benefits Administration Department
2014 Health Care Stipend Appeal Form

Please fill out this form and mail to the address below. Faxes will not be accepted.

Name: THOMAS CATTRON SSN: [REDACTED]-[REDACTED]-[REDACTED]09
(Please Print)

Address: 13330 VASSAR DETROIT MI 48235

Phone: (313) 861-3492

Issue Explanation: THE STIPEND IN LIEU OF PREVIOUSLY PROVIDED HEALTH CARE IS A REDUCTION IN PENSION RIGHTS AND BENEFITS; AND THEREFORE A VIOLATION OF FEDERAL LAW 49 USC 5333(b)(2) AS THE CHANGES BY THE CITY FAIL TO PRESERVE RIGHTS, PRIVILEGES AND BENEFITS REQUIRED BY LAW.

What remedy are you seeking: CITY TO PAY DIFFERENCE IN MONTHLY HEALTH CARE INSURANCE COST; OR \$817.24 PER MONTH. (\$1092.86 - \$275.62 = \$817.24) REPLY REQUESTED.

Signature: [Signature] Date: 3-30-14

This appeal should be mailed to:

City of Detroit
Benefit Administration Office
2 Woodward Ave, Room 1026
Detroit, MI 48226
Attn: STIPEND

Faxes will not be accepted
Any appeal must be postmarked no later than
March 31, 2014.

Departmental Use Only

Received: _____ Approved: _____ Denied: _____

Notice Sent: ☐ Yes ☐ No

Transit Projects Awarded During Fiscal Year 2011 in Southeast Michigan (Oct. 1, 2010 Through Sept. 30, 2011)

County	Responsible Agency	Project Description	Project Type	Federal Amount Awarded
Livingston	Livingston Essential Transportation Service (LETS)	The Get Around (new transit service)	T-OP	\$167,000
Livingston	Livingston Essential Transportation Service (LETS)	Preventive maintenance on buses	T-OP	\$279,816
Livingston	Livingston Essential Transportation Service (LETS)	Acquire van	T-CAP	\$22,000
Monroe	Lake Erie Transit	Bus replacement	T-CAP	\$307,659
Monroe	Lake Erie Transit	Spare Parts	T-OP	\$160
Monroe	Lake Erie Transit	Bus Replacement	T-CAP	\$202,160
Regional	Michigan Department of Transportation (MDOT)	Ann Arbor-Detroit Commuter Rail: Refurbish up to 24 cab cars and coaches.*	T-CAP	\$1,250,000
Regional	Michigan Department of Transportation (MDOT)	Capital and operations expenses of the MichiVan vanpool program (alternative to single-occupant vehicle commuting).	T-CAP, T-OP	\$2,255,680
Regional	Southeast Michigan Council of Governments (SEMCOG)	Continue SEMCOG's MIRideshare program (alternative to single-occupant vehicle commuting).	T-OP	\$258,898
Regional	Suburban Mobility Authority for Regional Transportation (SMART)	Alternative-Fuel Bus Development	T-CAP	\$2,000,000
Regional	Suburban Mobility Authority for Regional Transportation (SMART)	Mobility Management	T-CAP	\$230,615
Regional	Suburban Mobility Authority for Regional Transportation (SMART)	Operate new routes (year 1, 2, or 3 depending on route)	T-OP	\$857,010
Regional	Suburban Mobility Authority for Regional Transportation (SMART)	Bus shelters (4 projects)	T-CAP	\$305,962
Regional	Suburban Mobility Authority for Regional Transportation (SMART)	Preventive maintenance on buses	T-OP	\$14,992,181
St. Clair	Blue Water Area Transit	Replace natural gas driven CNG compressor with an electrical CNG compressor.	T-CAP	\$480,000
St. Clair	Blue Water Area Transit	Rehabilitate buses	T-CAP	\$864,000
St. Clair	Blue Water Area Transit	Re-power old compressed natural gas (CNG) buses with more efficient new CNG engines.	T-CAP	\$270,000
St. Clair	Blue Water Area Transit	Construct bus wash system	T-CAP	\$260,000
St. Clair	Blue Water Area Transit	Upgrade fueling stations	T-CAP	\$891,000
St. Clair	Blue Water Area Transit	Compressed natural gas (CNG) equipment	T-CAP	\$432,000
St. Clair	Blue Water Area Transit	Maintenance equipment	T-OP	\$24,000
St. Clair	Blue Water Area Transit	Acquire service vehicle	T-CAP	\$48,000

Sources: MDOT Office of Passenger Transportation, SEMCOG.

Page 1 of 2 Pages

Project Type: T-CAP, Transit Capital; T-OP, Transit Operations.

Transit Projects Awarded During Fiscal Year 2011 in Southeast Michigan (Oct. 1, 2010 Through Sept. 30, 2011)

County	Responsible Agency	Project Description	Project Type	Federal Amount Awarded
Washtenaw	Ann Arbor Transportation Authority (AATA)	Art	T-CAP	\$48,400
Washtenaw	Ann Arbor Transportation Authority (AATA)	Outreach and rideshare	T-OP	\$455,000
Washtenaw	Ann Arbor Transportation Authority (AATA)	Acquire hybrid buses	T-CAP	\$1,697,350
Washtenaw	Ann Arbor Transportation Authority (AATA)	Acquire large buses	T-CAP	\$3,784,000
Washtenaw	Ann Arbor Transportation Authority (AATA)	Preventive maintenance on buses	T-OP	\$132,635
Washtenaw	Ann Arbor Transportation Authority (AATA)	Acquire small buses	T-CAP	\$480,000
Washtenaw	Ann Arbor Transportation Authority (AATA)	Reconstruction of Transfer Center	T-CAP	\$1,013,000
Washtenaw	Ann Arbor Transportation Authority (AATA)	Acquire vans for vanpools	T-CAP	\$500,000
Wayne	Detroit Department of Transportation (DDOT)	Administration	T-OP	\$95,175
Wayne	Detroit Department of Transportation (DDOT)	Lease clean buses to replace older, more polluting buses	T-CAP	\$4,563,578
Wayne	Detroit Department of Transportation (DDOT)	Bond repayment	T-CAP	\$10,000,000
Wayne	Detroit Department of Transportation (DDOT)	Bus replacement	T-CAP	\$1,000,000
Wayne	Detroit Department of Transportation (DDOT)	computer equipment	T-CAP	\$690,148
Wayne	Detroit Department of Transportation (DDOT)	Facility improvement	T-CAP	\$1,234,330
Wayne	Detroit Department of Transportation (DDOT)	Mobility Management	T-CAP	\$728,084
Wayne	Detroit Department of Transportation (DDOT)	Operating	T-OP	\$128,486
Wayne	Detroit Department of Transportation (DDOT)	Preventive maintenance on buses	T-OP	\$13,877,251
Wayne	Detroit Department of Transportation (DDOT)	Service and Support Vehicles	T-CAP	\$325,000
Wayne	Detroit Department of Transportation (DDOT)	Transit Enhancements	T-CAP	\$284,108
Wayne	Detroit Department of Transportation (DDOT)	General Planning and Engineering	T-OP	\$1,000,000
*Part of a larger project.				TOTAL:
				\$68,434,686

Sources: MDOT Office of Passenger Transportation, SEMCOG.

Page 2 of 2 Pages

Project Type: T-CAP, Transit Capital; T-OP, Transit Operations.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE:

City of Detroit, Mich Debtor.

CASE NO: 13-53846-SWR
CHAPTER: 9
JUDGE: Hon Steven W Rhodes

CERTIFICATE OF SERVICE

I hereby certify that on Aug 18, 2014 (date of mailing), I served
copies as follows:

1. Document(s) served: MOTION TO PARTICIPATE IN THE
CONFIRMATION HEARING [DOCKET 6584]

2. Served upon [name and address of each person served]:

DAVID HEINMAN
JONES DAY
911 LAKESIDE AVE
CLEVELAND OH 44114

FILED
2014 AUG 18 P 3:35
U.S. BANKRUPTCY COURT
E.D. MICHIGAN - Detroit

3. By First Class Mail.

Dated: 8/18/2014

[Signature]
(Signature of Debtor)

Print Name: THOMAS CATIRON

(Signature of Co-Debtor)

Print Name: _____